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Substitute for form 1449A/B/PTO		<b>Complete If Known</b>			
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)		Application Number	10/815,034-Conf. #7805		
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		First Named Inventor	Jean M. Crane		
		Art Unit	2632		
		Examiner Name	D. W. Goins		
Sheet	1	of	2	Attorney Docket Number	030048139US

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Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Signature	/Davetta Goins/	Date Considered	08/21/2006
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